



Georgia ACS EDI Submitter Enrollment Form

Please return to:

ACS
Attn: EDI Enrollment Unit
PO BOX 4000
McRae, GA 31055

ACS EDI SUBMITTER ENROLLMENT FORM.

Please print or type. Complete all areas of the Submitter Enrollment Form, unless otherwise indicated.

Section 1. Classification. Please indicate your classification. (Required)

☐ Software Vendor (Complete Section 4) ☐ Billing Agent (Complete Section 6) ☐ Both

Section 2. Submission Method. Please Indicate how you plan to submit your electronic transactions. (Required)

☐ WINASAP2003 ☐ Web Portal (for batch transmissions)
☐ Asynchronous (Direct Submission to ACS EDI Gateway, Inc.) - I will submit using a vendor-supplied software.
☐ Asynchronous (Direct Submission to ACS EDI Gateway, Inc.) - I plan to develop my own software package.

Section 3. Submitter Information.

Submitter/Business Name (Last, First, MI, and Suffix) (Required)

EIN (TAX ID) (Required)

Business Street Address (Required)

City, State, and Zip Code (Required)

Telephone (Required)

()

Fax

()

Email Address

Section 4. Software Vendors Only. (Required)

If you have indicated that you are a Software Vendor in section1, please provide the following information:

Software Name:

Software Version:

Protocol:



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Section 5. Contact Information. Please indicate contact information.

Contact Person (Required)

Contact Title

Business Street Address (Required)

City, State, and Zip Code (Required)

Telephone (Required)

Fax

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Email Address

Additional Contact Information. Please indicate additional contact information.

Contact Person

Contact Title

Business Street Address

City, State, and Zip Code

Telephone

Fax

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Email Address

Please attach additional sheets if necessary.



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Section 6. Billing Agent using a Software Vendor

If you have indicated in section 2 that you plan to use Vendor Software to submit your transactions electronically to ACS EDI Gateway, please provide the following information pertaining to your Vendor.

(If you plan to use WINASAP2003, you do not need to complete this section/page.)

Sub-section 6a. Information about the Service that you use.

Tell us about the Software Vendor that you use to submit electronic transactions.

Software Vendor Name

Contact Person

Contact Title

Business Address

City, State, and Zip Code

Telephone Number

Fax Number

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Email Address

Sub-section 6b. Software Vendor Submitter ID or Trading Partner ID.

Note: Your Software Vendor must be equipped with their own uniquely assigned ACS EDI Gateway Submitter ID or Trading Partner ID to act on your behalf. Please contact your Software Vendor to confirm their status with ACS EDI.

Please indicate your Software Vendor 5-digit Submitter ID or 6-digit Trading Partner ID:

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Section 7. Transactions Available for Transmission.

Sub-Section 7a. WINASAP2003 (replacing WINASAP2000 and EMC software).

Request for free WINASAP2003 Software:

- ☐ I will download a copy from ACS' website at www.acs-gcro.com.
- ☐ Please mail me a hardcopy of ACS' WINASAP2003 software.

I will be submitting the following transaction types using WINASAP2003:

- | | |
|---|--|
| <input type="checkbox"/> X12N 837P (Professional Claim) | <input type="checkbox"/> X12N 837I (Institutional Claim) |
| <input type="checkbox"/> X12N 837D (Dental Claim) | |

Sub-Section 7b. STANDARD X12N (includes Web Portal batch submissions).

I will be submitting the following transaction types using WINASAP2003:

- | | |
|--|--|
| <input type="checkbox"/> X12N 837P (Professional Claim) | <input type="checkbox"/> X12N 270 (Eligibility Inquiry) |
| <input type="checkbox"/> X12N 837D (Dental Claim) | <input type="checkbox"/> X12N 276 (Claim Status Inquiry) |
| <input type="checkbox"/> X12N 837I (Institutional Claim) | <input type="checkbox"/> X12N 278 (Prior Authorization) |

Section 8. Delimiter Information.

If you are submitting X12N transactions directly to ACS EDI Gateway and are not using the default delimiters (listed in the section below), please provide please provide an alternate delimiter.

(This information is not required if you are using WINASAP2003).

Element Delimiter to be used:

Default Delimiter (asterisk) *

Segment Delimiter to be used:

Default Delimiter (tilde) ~

Sub-Element Delimiter to be used:

Default Delimiter (colon) :



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Section 9. Electronic Response Retrieval.

Will you retrieve response and/or reports electronically from ACS EDI Gateway Bulletin Board System (BBS)?

☐ Yes ☐ No

If yes, please complete the appropriate sections below. *Only one entity can participate. If your provider requested access to this information, you cannot participate in this service.*

Sub-Section 9a. Responses/Reports Available for WINASAP2003 Submitters.

Note: The X12N 835 cannot be pulled or viewed via WINASAP.

If you are a WINASAP2003 submitter, select which of the following reports you would like to retrieve:

- ☐ X12N 835 - Healthcare Claim Payment Advice via the BBS (Bulletin Board system)
- ☐ None

Sub-Section 9b. Responses/Reports Available for X12N Transactions / Web Portal (Batch Transactions Only).

If you are an X12N or Web Portal Batch submitter, select which of the following reports you would like to retrieve:

- ☐ X12N 997- Functional Acknowledgement via the BBS (Bulletin Board system)
- ☐ X12N 835- Healthcare Claim Payment Advice via the BBS (Bulletin Board system)
- ☐ X12N 271- Eligibility Response via the BBS (Bulletin Board system)
- ☐ X12N 277- Claims Status Response via the BBS (Bulletin Board system)
- ☐ X12N 278- Prior Authorization Response via the BBS (Bulletin Board system)
- ☐ X12N 834- Eligibility or Benefit Enrollment via the BBS (Bulletin Board system)
- ☐ X12N 824- Error Report via the BBS (Bulletin Board system)